



# State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/18/2005

Business ID: 290012

William M. Gardner

Secretary of State

LORAM MAINTENANCE OF WAY, INC.

3900 ARROWHEAD DR , PO BOX 188

HAMEL , MN 55340

ADDRESS OF PRINCIPAL OFFICE:

3900 ARROWHEAD DR , PO BOX 188

HAMEL , MN 55340

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM

9 CAPITOL ST

CONCORD , NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 290012

STATE OF DOMICILE: MINNESOTA

FEDERAL ID: 410950401

MANUFACTURE/LEASE EQUIPMENT/CREWS TO PROVIDE RAILROAD  
MAINTENANCE SERVICE

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. P V WILSON

STREET 3900 ARROWHEAD DRIVE

CITY/STATE/ZIP HAMEL MN 55340

V-PRES. D D CHERREY

STREET 3900 ARROWHEAD DRIVE

CITY/STATE/ZIP HAMEL MN 55340

SEC'Y. D D CHERREY

STREET 3900 ARROWHEAD DRIVE

CITY/STATE/ZIP HAMEL MN 55340

V-PRES. D H ISDAHL

STREET 3900 ARROWHEAD DRIVE

CITY/STATE/ZIP HAMEL MN 55340

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. P V WILSON

STREET 3900 ARROWHEAD DRIVE

CITY/STATE/ZIP HAMEL MN 55340

V-PRES. H VANAKI

STREET 3900 ARROWHEAD DRIVE

CITY/STATE/ZIP HAMEL MN 55340

V-PRES. P J HOMAN

STREET 3900 ARROWHEAD DRIVE

CITY/STATE/ZIP HAMEL MN 55340

DIR. R N MANNIX

STREET 1700-635 8TH AVE SW

CITY/STATE/ZIP CALGARY, ALBERTA CANADA XX T2P 3M

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

D D CHERREY

Please print name and title of signer:

D D CHERREY

/ VICE PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

# 2005 ANNUAL REPORT

## NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS:

### DIRECTOR

J K AMUNDRUD

1700-635 8TH AVE SW

CALGARY, ALBERTA CANADA, XX T2P 3M3

### DIRECTOR

G D CHAPEL

1700-635 8TH AVE SW

CALGARY, ALBERTA CANADA, XX T2P 3M3